### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)												
1. Name and Address of Reporting Person* Vazquez Adrian		2. Issuer Name and Ticker or Trading Symbol Apollo Medical Holdings, Inc. [AMEH]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner				
(Last) (First) C/O 1668 S. GARFIELD A FLOOR	3. Date of Earliest Transaction (Month/Day/Year) 06/03/2020						X Officer (give title below) Other (specify below)  Chief Medical Officer					
(Street) ALHAMBRA, CA 91801		4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line)  X_Form filed by One Reporting Person  Form filed by More than One Reporting Person				
(City) (State)	(Zip)	Ta	ble I - No	n-Deriv	vative S	ecurities .	Acqui	ired, Disp	osed of, or l	Beneficially C	Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)		4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia	nt of Securities Illy Owned Following Transaction(s)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership
		(Nontal Buy, 1 car)	Code	V	Amount	(A) or (D)	Price	(msu. 3 u		or (I)	or Indirect (In	(Instr. 4)
Common Stock	06/03/2020		S		2,683	11)	\$ 18	518,258			D	
		Derivative Securiti		ed, Dis <sub>j</sub>	posed of	f, or Bene	eficial	•		trol number		
1. Title of Derivative Security or Exercise (Month/Day/Year)  3. Transaction Date Execution any				6. Date Exercisable and Expiration Date (Month/Day/Year) Und Sec			7. Ti Amo Und Secu (Inst	itle and 8. Price of		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownersh Form of Derivativ Security Direct (I or Indire	Beneficia Ownershi (Instr. 4)
		Code V	(A) (D)	Date Exerci		Expiration Date	Title	Amount or Number of Shares				
Reporting Owner	·s	Relation	ships									

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Vazquez Adrian C/O 1668 S. GARFIELD AVENUE 2ND FLOOR ALHAMBRA, CA 91801	,		Chief Medical Officer				

## **Signatures**

/s/ Adrian Vazquez	06/05/2020			
**Signature of Reporting Person	Date			

### **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.